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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
NEUDER, William P.	Sara Mooney Hinkley
COMPANY:	DATE:
USPTO	September 8, 2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571.273.8300	6
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	1164.003
RE:	YOUR REFERENCE NUMBER:
Response to Non-Final Office Action	U.S. Non-Provisional No. 10/775,949

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE☐ ORIGINAL WILL FOLLOW☒ ORIGINAL WILL NOT FOLLOW

NOTES/COMMENTS:

Sir:

Please find following this cover sheet the following documents:

- Transmittal Form (PTO/SB/21)
- Fee Transmittal (PTO/SB/17)
- Terminal Disclaimer (PTO/SB/26)
- Response to Non-Final Office Action

Very kind regards,


Sara K. Mooney Hinkley

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10775,949	
	Filing Date	February 10, 2004	
	First Named Inventor	Mark Alexander Russell	
	Art Unit	3672	
	Examiner Name	NEUDER, William P.	
Total Number of Pages In This Submission	5	Attorney Docket Number	1184,003

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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